



***Chew on This:
How Accessing Nicotine Gum
in Combination with the Nicotine Patch
Bolsters Tobacco Cessation***



***Thursday, October 15, 2020
11:00 AM-12:00 PM***

Housekeeping

- This webinar is being recorded
- All participants are muted
- Please direct your questions to the moderators (Tony Astran or Patricia Bax) in the chat box
- One CME credit available for attendees; instructions provided at webinar's conclusion

Welcome

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Moderators and Speaker

Moderators:

- *Tony Astran, MPA, APR, TTS, Public Information Specialist*
- *Patricia Bax, RN, MS, NCTTP, Marketing and Outreach Coordinator*

Speaker:

- *Paula Celestino, MPH, Client Relations and Outreach Director*



Featured Presenter



Susan Urban, MD, FACP

Clinical Associate Professor of Medicine
Division of General Internal Medicine
NYU Grossman School of Medicine

Agenda

1. Webinar Objectives
2. NYSSQL Services and Free Gum Giveaway
3. Featured Presentation: Dr. Susan Urban, MD, FACP
4. Patient Referral Program
5. Question and Answer Period



Objectives

As a result of this webinar, attendees will be able to:

1. Know how moderate to heavy tobacco and vape-product users can appropriately use nicotine gum in combination with the nicotine patch for optimal success in curbing or altogether eliminating smoking/vaping.
2. Partner with the New York State Smokers' Quitline (NYSSQL) to provide nicotine replacement therapy (NRT) products to participants, including a time-limited supply of up to three months of nicotine gum free for eligible New York State residents.
3. Provide tobacco and vape-product using patients with information to access cessation medications and health plan benefits, including through referrals to the NYSSQL.

About Us

- The NYS Smokers' Quitline (NYSSQL) is based at Roswell Park Comprehensive Cancer Center in Buffalo, NY and funded by the NYS DOH Bureau of Tobacco Control
- Celebrating 20 years of providing free cessation services and resources



1-866-NY-QUITS
(1-866-697-8487)
nysmokefree.com

Free NRT Gum Giveaway

Due to a donation of nicotine gum, the Quitline is offering tobacco and vape-product users up to a three-month supply.

Our goal is to distribute all the nicotine gum prior to a cut-off date of February 2021.

A campaign is under way to spread the word to tobacco/vape users and healthcare professionals.



Tools and resources are available for healthcare professionals and organizations to help us reach more people!

Free NRT Gum Giveaway

Tobacco and vape-product users can directly access the free gum offer by calling the Quitline (1-866-NY-QUITS; 1-866-697-8487) or by going to our website at *nysmokefree.com* to apply.

Healthcare professionals can do the following:

1. Refer patients directly to the Quitline through our *Patient Referral Program*
2. Tell your patients about the free gum offer
3. Request a supply of the gum to distribute to your patients



Free NRT Gum Giveaway

What we have for you...

- Patient referral options
- Patient office materials
- Office poster
- Toolkit to help you spread the word
- NRT Gum bulk ordering
(distribution cut-off dates apply)

More information you should know...

The NRT gum giveaway is provided along with our standard of care which includes:

- Coach assisted quit help
- Combination NRT for moderate and heavy smokers

Featured Presentation



Susan Urban, MD, FACP

Quitting with Nicotine Replacement Therapy (NRT)

A Note on COVID-19

Smoking, Vaping, and COVID-19: Now Is the Time to Quit!

- Patanavanich and Glantz. 2020: association between smoking and severe COVID-19 disease in adults, OR = 1.91. (1)
- Guan et al. 2020: higher percentages of smokers in groups with severe disease and those with composite endpoint of ICU admission, ventilation, and death. (2)
- Gaiha et al. 2020: association between e-cigarette ever-use in adolescents and diagnosis of COVID -19, OR = 5.05. (3)
 - dual ever-use of e-cigarettes and cigarettes in adolescents, OR = 6.97

(1) Patanavanich and Glantz. Nicotine & Tobacco Research 2020 (2) Guan et al. NEJM 2020 (3) Gaiha et al. J Adol Health 2020

Introduction to Upcoming Case Study

*You are seeing Charles, a 35-year-old patient, in your office.
How would you address possible tobacco product use?*

ASK ABOUT TOBACCO USE!

- What tobacco products does he use or has he used in the past?
- If current use: how much, how often?
- If past use: when last used and which products?

In fact, Charles smokes 15 cigarettes a day.

HOW DO YOU PROCEED, AFTER YOU FIND OUT HE IS A SMOKER?

- How would you advise him to quit?
- How do you assist him with quitting?

Outline

- Background
 - nicotine dependence
 - general approach to adult smokers
- Discussion of clinical scenario
 - Charles, exclusive cigarette smoker
 - Bonus case: David, vapes Juul
- Summary

Background

Why Do People Smoke & Have Difficulty Quitting?

Makes You Feel Better

- Pleasurable
- Increases mental and physical functioning
- Decreases stress and anxiety

Habit

- People smoke in response to triggers or cues
 - After eating
 - When having coffee or alcohol
 - When sad or stressed
 - When around other smokers

Dependence

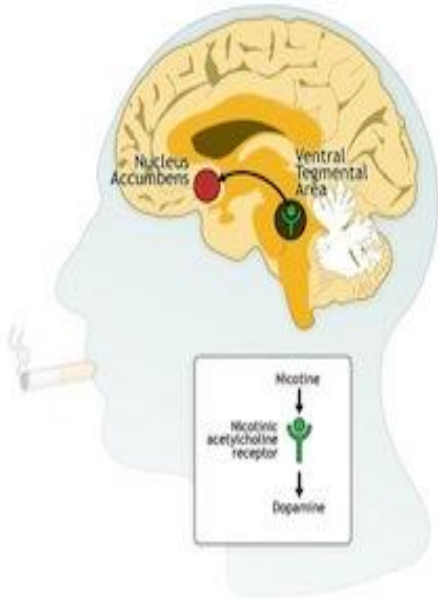
- About 3/4 of smokers are dependent on nicotine
- People smoke to relieve their withdrawal symptoms

Genetics

- Fast and slow metabolizers of nicotine to cotinine
- Fast metabolizers have more difficulty quitting

How Does Nicotine Lead to Dependence?

Nicotine leads to dopamine release in the brain.



Nicotine binds to nicotinic cholinergic receptors within 10-20 seconds after a puff

Release of dopamine and other neurotransmitters in mid-brain

Dopamine is primarily responsible for the development of nicotine dependence

Nicotine Dependence → Withdrawal Symptoms

ICD-10 criteria for dependence

- Compulsion to use
- Difficulty controlling use
- Progressive neglect of other activities/interests
- Persistent use despite harmful effects
- Development of tolerance
- **Withdrawal symptoms**

Withdrawal symptoms

- Restlessness
- Irritability
- Difficulty concentrating
- Depressed mood
- Insomnia
- Anxiety
- Increased appetite

Evidence for Efficacy of Medication, Counseling

MEDICATIONS

Nicotine Replacement Therapy

- Patch 1991-1992
- Gum 1984
- Lozenge 2002
- Oral inhaler 1997
- Nasal spray 1996

Bupropion SR: 1997

Varenicline: 2006

COUNSELING AND SUPPORT

- **Virtual** versus In-person
- Individual versus group
- **Quitline**
- **Web-based**
- Stop-smoking clinics
- Provider-based

Medication & Counseling 6-month Quit Rates

Single NRT vs placebo
17.6% vs 10.6%

Combination NRT vs placebo
31.5% vs 10.6%

Bupropion SR vs placebo
19.1% vs 10.6%

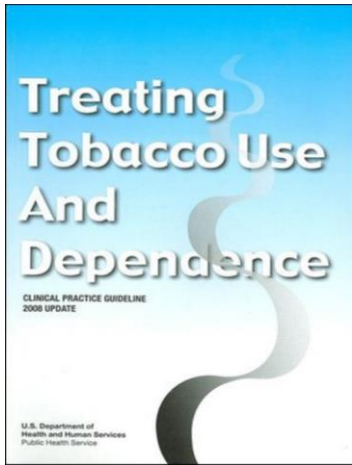
Varenicline vs placebo
27.6% vs 10.6%

Long-term unassisted quit rates less than 5%

Percentages: Absolute cessation rates at 6 months from quit-date (*Cochrane Rev 2013*)

Brief Interventions Work

ASK → ADVISE → ASSESS → ASSIST → ARRANGE

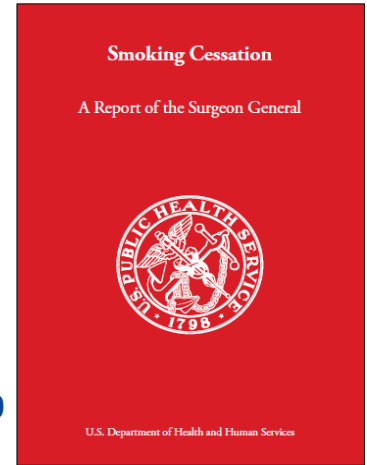


2008

Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women: U.S. Preventive Services Task Force Recommendation Statement

Albert L. Siu, MD, MSPH, for the U.S. Preventive Services Task Force*

2015



2020

- (1) Treating Tobacco Use and Dependence Clinical Practice Guideline 2008 Update: United States Public Health Service.
- (2) Behavioral and Pharmacotherapy interventions for Tobacco Smoking Cessation in Adults: U.S. Preventive Services Task Force Recommendation Statement.
- (3) Smoking Cessation: A Report of the Surgeon General 2020.

Variations on the 5 A's

Opt-out approach: The 4 A's

Offer treatment to everyone regardless of whether they are ready to quit or not



A-A-R or A-A-C

Referral to or “connection” with outside resources



Offering Advice

Advice Is Effective – Even More So When it Comes from All Team Members!

- “Clear, strong, personalized” (1)
 - **“The most important thing you can do for your health (*put in the issue being addressed – your breathing, your sexual functioning, your heart, etc.*) is to stop smoking.”**
- Emphasize short-term benefits over long-term negative effects of continuing smoking
- Efficacy of advice: RR = 1.66 (2)

(1) Treating Tobacco Use and Dependence Clinical Practice Guideline 2008 Update, US Public Health Service.

(2) Stead et al Physician advice for smoking cessation. Cochrane Database of Systematic Reviews 2013.

Gap Between Evidence and Real Life

- **68.0%** of smokers wanted to quit
- **55.4%** made a quit-attempt in the past year

- **57.2%** received advice
- **31.2%** used counseling and/or medication
 - 6.8% used counseling
 - 29.0% used medication

U.S. Surgeon General's Report 2020: National Health Interview Survey Results in Adults

Case Study: Charles

How Can We Assist Charles with Quitting?

Charles, a 35-year-old man, smokes 15 cigarettes per day.

- Pre-quit evaluation
- Discussion of medication and counseling
- Immediate post-quit date follow-up

Charles: Evaluation Pre-Quit

Current smoking history?
Does he want to quit?

Cessation medication before?
If so, what worked?
What does he prefer now?

Co-morbidities, psychiatric or
substance abuse including
alcohol, marijuana?

Medication contraindications,
side effects, usage requirements?

- Smokes 15 cigarette per day.
No other tobacco products.
- Wants to quit.
Picks a quit date 1 week from now.
- Used patch in the past, quit and
then relapsed 1 month later.
Interested in trying it again.
- No significant medical or psychiatric
history. History of at-risk drinking.
Denies marijuana or other drug use.
- Not taking any medications for
medical or psych problems.

Heaviness of Smoking Index (HSI)

Heaviness of Smoking Index (HSI) Is One Way of Estimating Nicotine Dependence

Charles smokes 15 CPD, TTFC = 29 minutes HSI = 3

# cigs smoked per day	score	time to first cig of the day	score
31 or more	3	0 - 5 minutes	3
21 - 30	2	6 - 30 minutes	2
11 - 20	1	31 - 60 minutes	1
1 - 10	0	61 + minutes	0

Score 5-6 = high dependence **Score 3-4 = medium dependence** Score 0-2 = low dependence

Discussion of Medication and Counseling

HELP SMOKER W/ QUIT-PLAN

STAR

- Set quit date
- Tell others if want
- Anticipate challenges
- Remove cigarettes from environment

Discuss medication options and need for counseling

RESOURCES

NYS Smokers' Quitline:

1-866-NY-QUITS (1-866-697-8487)

<https://www.nysmokefree.com/>

Free Quit Coaching

Free Nicotine Replacement Therapy
(most people qualify)

Free Resources

Nicotine Replacement Therapy (NRT)

- Mechanism: supplies nicotine
 - decreases cravings and withdrawal symptoms (but not completely)
- Long-acting form: patch
 - gives steady blood levels over the day which decrease withdrawal symptoms
 - cannot use specifically when urges occur: “passive,” “controller medication”
- Short-acting forms: gum, lozenge, vapor inhaler, nasal spray
 - difficult to get significant blood levels
 - can use when there are urges to smoke: “active,” “rescue medication”
- Patch, gum, lozenge available OTC. Inhaler, nasal spray prescription-only.
- Safe in most populations
- Precautions: MI in the prior two weeks, severe angina, serious arrhythmias

Combination NRT More Effective than Single NRT

- All 5 forms of NRT equally effective (1)
 - relative risk of abstinence any single form of NRT compared to control = 1.55
- **Patch plus short-acting form more effective than single NRT** (2)
 - relative risk of abstinence combination compared to single NRT = 1.25
- Combination NRT has similar efficacy as varenicline
- Start with combination NRT instead of single NRT for most daily smokers
- Which short-acting form you recommend will depend on patient preference, insurance status/availability/cost of specific short-acting NRT, comorbidities

(1) Cochrane Review 2018. (2) Cochrane Review 2019.

Nicotine Transdermal Patch (long-acting)

Dosing, How to Use, Side Effects

Dosing: 21 mg, 14 mg, 7 mg

If > 10 cigs per day,
21 mg patch x 4-6 weeks

14 mg x 2 weeks

7 mg x 2 weeks

If 10 or fewer cigs per day,

14 mg patch x 6 weeks

7 mg patch x 2 weeks



EASY to use

Start on quit date

- can start prior to quit date

Apply to non-hairy skin daily

Duration:

- typically taper over 2 to 3 months

- can use longer

Most common side effects:

- skin irritation ~ 50% (*should rotate sites*)

- insomnia (*can remove at night if needed*)

Precautions specifically for the patch:

- skin disorders, allergy to adhesives

Nicotine Gum (short-acting)

Dosing, How to Use, Side Effects



2 mg and 4 mg doses (4 mg if TTFC \leq 30 minutes)

Start 1 piece every 1-2 hours as needed when there is an urge to smoke.

Can use up to 24 pieces in one day.

Start on quit-date. Use 2-3 months or longer.

No food or drink 15 minutes prior to and during use.
Acidity interferes with absorption.

“Chew and Park”

Chew slowly until get tingling, then park until tingling goes away, then chew slowly until tingling. Continue until tingling does not return. One piece lasts 20-30 minutes.

Avoid over-chewing and swallowing nicotine.

Main side effects: mouth irritation, jaw soreness

Other side effects: hiccups, nausea, dyspepsia, heartburn
(usually from over-chewing)

Precaution: Do not use if dentures, extensive dental work, or TMJ

NOT EASY TO USE CORRECTLY. Important to explain how to use!

Nicotine Lozenge (short-acting)

Dosing, How to Use, Side Effects



2 mg and 4 mg doses
- 4 mg if TTFC \leq 30 mins

Start 1 lozenge q 1-2 hours as needed
when there is an urge to smoke

9-15 lozenges per day x 6 weeks
and taper over next 6 weeks
- can use up to 20 lozenges in one day

Start on quit-date. Use 2-3 months or longer.

No food or drink 15 minutes prior to and during use.

Dissolve in mouth – regular lozenge dissolves in about 20-30 minutes.

Mini-lozenge: dissolves in about 10 minutes.

Do not chew. Avoid swallowing nicotine.

Main side effect: mouth soreness

- hiccups, heartburn, or nausea

especially with excessive swallowing of nicotine

Charles: Good Candidate for NRT

- He has no history of recent MI, severe angina, or cardiac arrhythmia. He has no major skin disease. Charles does not have dentures, extensive dental work, or TMJ.
- You recommend Charles start the nicotine patch 21 mg daily and nicotine gum 4 mg as needed for urges. In the prior attempt, he used only the patch.
 - *you discuss withdrawal symptoms, role of medication, and instructions for use*
- You refer Charles to NYS Smokers' Quitline for medication and coaching.
- You arrange for follow-up by phone 3 days after his quit-date.

Charles Starts Patch and Gum

Patch 21 mg Plus Gum 4 mg as Needed

- **You speak with Charles three days after his quit-date.** He tells you a friend offered him a cigarette that very morning, which he smoked while wearing the patch. He was worried he might have a heart attack and so he removed the patch.
- Points to emphasize to Charles:
 - it is not dangerous to smoke while using the patch or other NRT
 - you recommend restarting the patch and continuing to use it regardless of lapses

In fact, the “cut down to quit” approach involves treating those smokers who are not ready to quit with medication(s) – even while they continue to smoke.

Early Follow-Up After Quit-Date

What questions do you want to ask Charles?



- Is he taking the **medication** as instructed – in this case, NRT patch and gum?
- Is he having side effects from the medication?
- How is he handling possible **withdrawal symptoms**? Is the medication sufficiently controlling withdrawal symptoms?
- How is he managing **triggers to smoke**? Is he obtaining sufficient counseling and support?
- How is he navigating **other barriers to quitting**, such as anxiety/depression, substance use (especially alcohol), others in his life who may smoke such as a partner or spouse?

Remember to ADDRESS any questions Charles may have!

Mini-Summary: Charles

35-year-old man, smokes 15 cigarettes per day

Health professional sequence of actions: after asking, advising, assessing, then assist with quitting

- Evaluation pre-quit
- 
- Discussion of medication and counseling
- 
- Early follow-up after quit date

Refer to NYS Smokers' Quitline: can provide patch, gum, and coaching

- Healthcare professional does all 5 A's and then refers to Quitline
- or -
- Healthcare professional does some A's (for example, Ask and Advise) and then refers to Quitline

Bonus Case & Summary

Bonus Case Study: David

- David, a 21-year-old man, vapes Juul daily.
- How do you proceed?



Approach to Vaping: Similar to Smoking

- Nicotine-e-cigarette users can develop nicotine dependence
- Many vapers want to quit
- Medication and counseling can help them quit
- A brief effective intervention would be to connect the user with the NYS Smokers' Quitline (*Ask-Advise-Connect or Ask-Advise-Refer paradigm*)
- During the COVID-19 pandemic, might vapers who formerly used cigarettes revert to combustible tobacco?

Resource for Teens and Young Adult Vapers, age 13-24:
text "**DROPTHEVAPE**" to 99709 to join *This Is Quitting*
(free texting support service) or call 1-866-NY-QUITS

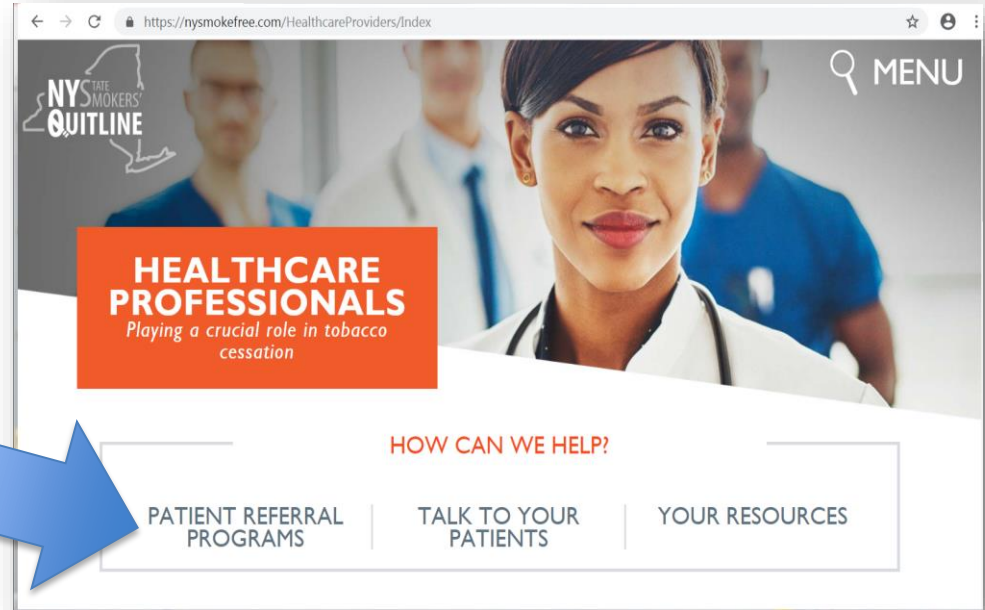
Summary

- **All professionals involved in a patient's care should talk about tobacco use.**
- Medication helps alleviate withdrawal symptoms or cravings in tobacco product users, including cigarette smokers and those who vape e-cigarettes.
- NRT has few precautions or contraindications and is safe in most populations. Combination NRT is preferred for most daily smokers and vapers.
- Counseling and support should be made available to the smoker or vaper who wants to quit, in addition to medication when indicated.
- The NYS Smokers' Quitline can supply nicotine patch and gum when indicated and can provide coaching and support.
- This is an especially opportune time for patients and health professionals to utilize the Quitline, when in-person contact may be less desirable.



Enhance Your Onsite Cessation Interventions

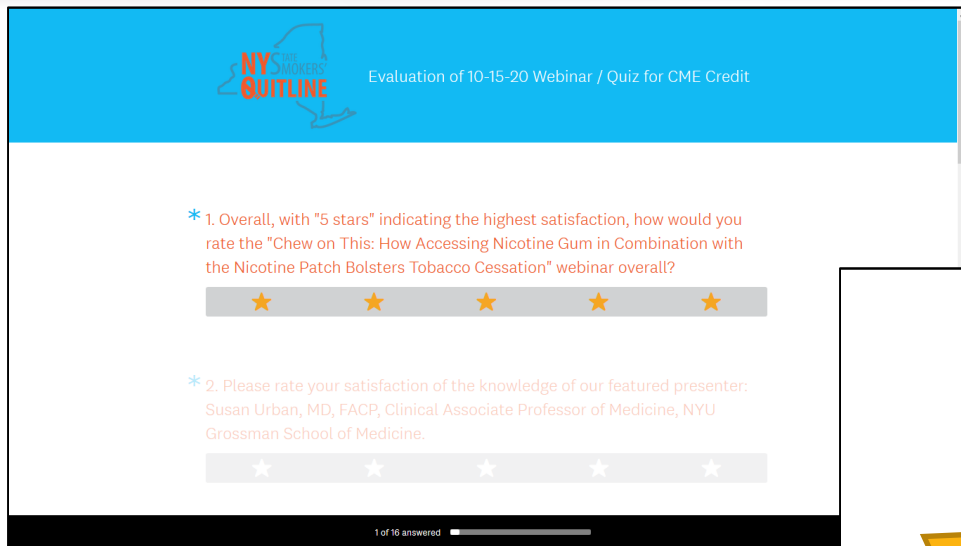
Support your tobacco
using patients by
utilizing our free,
secure, easy-to-use
**Patient Referral
Program**






Questions are the path to learning

Evaluation / Obtaining CME Credit

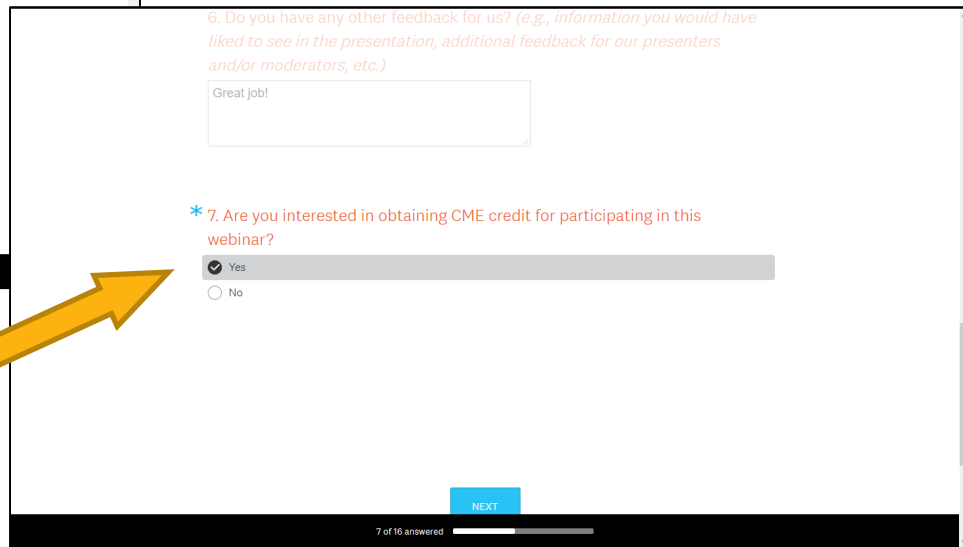


 Evaluation of 10-15-20 Webinar / Quiz for CME Credit

* 1. Overall, with "5 stars" indicating the highest satisfaction, how would you rate the "Chew on This: How Accessing Nicotine Gum in Combination with the Nicotine Patch Bolsters Tobacco Cessation" webinar overall?

* 2. Please rate your satisfaction of the knowledge of our featured presenter: Susan Urban, MD, FACP, Clinical Associate Professor of Medicine, NYU Grossman School of Medicine.

1 of 16 answered



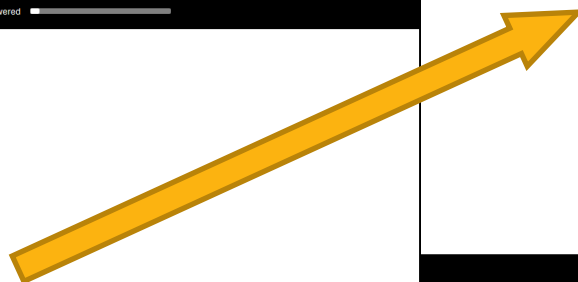
6. Do you have any other feedback for us? (e.g., information you would have liked to see in the presentation, additional feedback for our presenters and/or moderators, etc.)

* 7. Are you interested in obtaining CME credit for participating in this webinar?

Yes No

NEXT

7 of 16 answered



Resources

- [NYSSQL Gum Giveaway Toolkits](#)
- [NYSSQL Patient Referral Program](#)
- [Smoking Cessation: A Report of the Surgeon General 2020](#)
 - [Dosing Charts](#)
 - [Intervention Delivery Modalities](#) (e.g., 5 A's)
- [CDC Language on Smoking and COVID-19](#)



Contact Us Anytime...

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A wide-angle photograph of the Roswell Park Comprehensive Cancer Center. The main building is a large, multi-story structure with a prominent curved section, finished in a reddish-brown brick with horizontal bands of windows. The name "ROSWELL PARK" is visible on the upper part of the building. In the foreground, there is a well-maintained green lawn with several wooden benches and a paved walkway. The sky is blue with scattered white clouds. A teal and green graphic overlay is in the top right corner, and a green bar is at the bottom.

Thank
you!

ROSWELL PARK COMPREHENSIVE CANCER CENTER